United Nations DP/FPA/2005/11

Executive Board of the
United Nations Development
Programme and of the
United Nations Population Fund

Distr.: General
15 April 2005

Original: English

Annual session 2005
13 - 24 June 2005, New York
Item 18 of the provisional agenda
Country programmes and related matters

UNITED NATIONS POPULATION FUND

NOTE ON THE IMPLEMENTATION OF THE UNFPA SPECIAL PROGRAMME OF ASSISTANCE TO MYANMAR

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05-31120 (E) 030505

I. INTRODUCTION

1. In decision 2001/17, the UNDP/UNFPA Executive Board approved a special programme of assistance to Myanmar in the amount of $12 million from regular resources and $4 million from other resources, and requested the Executive Director to report annually to the Executive Board on its implementation. The programme is designed to respond to the urgent reproductive health needs of the poorest and most vulnerable segments of the population of Myanmar. It aims to prevent HIV/AIDS and other sexually transmitted infections (STIs); improve the health of youth and adolescents; and to reduce high levels of maternal mortality by providing support for reproductive health information, services and commodities. The programme also supports the collection and analysis of data to better understand reproductive health and adolescent reproductive health issues, the HIV/AIDS situation in Myanmar and to provide the basis for monitoring and evaluating programme results.

2. The special programme of assistance has helped to shift the focus in Myanmar from a birth-spacing approach to an integrated reproductive health approach. The programme plans to increase the coverage of its reproductive health activities from the current 72 townships to 100 townships by the end of 2005, in order to reach the most vulnerable groups in rural, border and remote areas. The UNFPA programme is coordinated with the Human Development Initiative of UNDP; the townships targeted for intervention by the United Nations Children's Fund (UNICEF); the food distribution activities of the World Food Programme (WFP); and the Kokant and Wa regional initiative of the United Nations Office on Drugs and Crime (UNODC).

3. UNFPA is also working with international non-governmental organizations in the field of reproductive health and HIV/AIDS, including Population Services International, Marie Stopes International and the Japanese Organization for International Cooperation in Family Planning. Potential partners include Aide Médicale Internationale, Association François-Xavier Bagnoud, Malteser and the international non-governmental organization (NGO) consortium working in the areas of reproductive health, youth and HIV/AIDS.

4. In 2004, the UNFPA country office implemented eight projects in the amount of $5.45 million that included: (a) information, education and communication (IEC) and behaviour change activities; (b) a detailed analysis of the 2001 fertility and reproductive health survey; (c) the implementation of a family and youth survey; (d) the prevention of HIV/AIDS for targeted populations; and (e) programmes to improve adolescent reproductive health and strengthen the availability and quality of reproductive health services.

II. PROGRESS TOWARDS IMPLEMENTING THE PROGRAMME

5. In November 2004, the country office conducted a midterm review of the programme, which found that the component projects were well coordinated and interrelated. It commended the progress made under the programme and provided a set of recommendations to further improve programme performance.

Enhancing knowledge of reproductive health service providers

6. The programme made noteworthy progress in enhancing staff capacity in the lower echelons of the public health system in dealing with reproductive health issues and needs. Achievements in 2004 included the development of a reproductive health manual for trainers and the organization of a series of

training seminars to use the new manual. The programme also developed a revised manual on safe motherhood. The manual was field-tested and the training of trainers was conducted in October 2004. Multiplier training programmes at the township level continued through 2004. In addition, the programme reproduced copies of a reproductive health manual for general medical practitioners working in the private sector and provided information booklets to those dispensing drugs and medicines. The programme also conducted training for private-sector general practitioners to enable them to provide appropriate reproductive information and services for adolescents.

7. In 2004, the project trained 42 trainers of youth peer educators on adolescent reproductive health, STIs and HIV/AIDS. Subsequently, the programme conducted 16 follow-on training sessions and trained 640 young people as peer educators. During the reporting period, youth peer educators conducted a total of 853 community outreach activities in schools, reaching an audience of 25,000. With UNFPA support, Marie Stopes International continued to operate two adolescent reproductive health centres in project townships; a total of 4,922 young people accessed services at the centres. Marie Stopes International focused on training service providers and outreach workers on youth-friendly adolescent reproductive health services. The programme conducted a tour for parents to provide them with information on adolescent reproductive health and to dispel their doubts about adolescent reproductive health activities.

Ensuring reproductive health commodity security

8. UNFPA continued to be the principal supplier of contraceptives in Myanmar. A few international NGOs and private druggists also supply contraceptives. However, the private sector is unregulated. Although the UNFPA country office procured $1.56 million in reproductive health commodities in 2004, more contraceptives are needed for women of reproductive age.

Strengthening behaviour change communication

9. A joint effort by concerned agencies resulted in the formation of a task force on IEC and behaviour change communication to ensure coordination in developing messages and information materials on reproductive health issues. Project officers from partner agencies and UNFPA carried out more than 60 field visits to project sites to conduct training programmes and advocacy meetings and to monitor activities. The UNFPA programme trained basic health staff on communication methods and behaviour change communication skills in 10 townships and trained community support groups to conduct outreach activities.

10. The network of basic health staff and community support groups has been an effective channel to introduce change and provide education on reproductive health issues to rural communities. The UNFPA programme also produced communication tools, including pictorial flip charts on safe motherhood and birth spacing; posters promoting antenatal and post-natal care; educational materials, including songs conveying reproductive health messages; and video dramatizations on preventing HIV/AIDS and unwanted pregnancies.

Data collection and analysis

11. The continuation of 2003 project activities included the analysis of three monographs on the determinants of child morbidity and mortality, the elderly population and on gender relations. These monographs helped to further expand the information base for population and reproductive health policy, planning and management. The project also conducted a sample survey on family and youth, emphasizing

adolescent reproductive health issues. The planning of the survey and the pre-testing of the questionnaire were completed by the third quarter of 2004, and the field enumeration began in December 2004. Data processing and analysis will be completed during the first half of 2005. The survey, covering a sample of 15,000 young people, is the first of its kind conducted on a national scale in Myanmar.

III. MONITORING PROGRAMME IMPLEMENTATION

12. The executing and implementing agencies, along with the UNFPA country office, are monitoring and evaluating the programme based on the agreed outputs and indicators. Monitoring includes weekly programme meetings, quarterly meetings of project coordination committees and the midterm review meeting. Field-level monitoring includes three levels of project monitoring: (a) monitoring by UNFPA programme and project officers and the staff of counterpart agencies; (b) monitoring by a team of field monitors; and (c) ongoing monitoring by the field-based staff charged with implementing activities.

13. During the reporting period, UNFPA staff and their counterparts conducted 65 monitoring visits. During the last six months of 2004, field officers conducted monitoring visits to 73 of 93 programme townships. The reports of the monitoring visits are compiled quarterly and used to improve programme performance. In addition, 16 staff members based at the youth centres are responsible for coordinating youth centre activities as well as monitoring their progress. The country office has also developed a database to better manage and utilize information obtained through the monitoring system.

IV. UNFPA PARTNERS

14. In collaboration with the World Health Organization (WHO), UNICEF and UNFPA, the Ministry of Health launched its first reproductive health strategic plan in August 2004. The plan seeks to strengthen the effectiveness of reproductive health programmes in Myanmar. Another key achievement was the establishment of the reproductive health partnership, which is chaired by UNFPA and includes WHO, UNICEF, UNDP and international NGOs working in the area of reproductive health.

15. UNFPA also began to conduct reproductive health education sessions at WFP food distribution sites. WFP organizes monthly food distribution in selected sites where beneficiaries include chronically ill persons and those with HIV/AIDS. While awaiting their food rations, the beneficiaries participate in reproductive health education sessions, which include information on HIV/AIDS.

16. As a key funding agency, UNFPA was involved in meetings in Myanmar and Thailand of senior officials and ministers of the Coordinated Mekong Ministerial Initiative Against Trafficking. At the ministerial meeting held in Yangon, Myanmar, in October 2004, ministers from six Mekong countries signed a groundbreaking agreement on human trafficking. Participating countries in the Mekong region then developed a standard action plan on trafficking.

17. UNFPA and UNICEF conducted coordination meetings to harmonize their programmes in 10 townships. With technical support from WHO, UNFPA and UNICEF organized a two-day orientation workshop on communication for behaviour impact. It provided knowledge on approaches to develop effective communication plans to achieve desired behavioural results in health and development.

18. The United Nations country team has carried out vulnerability mapping to identify vulnerable groups in the country. UNFPA has collaborated with UNODC on the Kokang and Wa initiative, which aims to bring new partners to the remote Kokang and Wa border areas to address issues related to health,

school enrolment, poverty, food security, forced labour and domestic political reform. As part of this initiative, UNFPA is working with UNODC and international NGOs to address specific reproductive health interventions, including those to reduce maternal mortality.

V. BUDGET AND EXPENDITURE

19. In 2004, UNFPA provided $4 million from core funds for programme activities in Myanmar. The country office implemented 94 per cent of these funds. The country office secured the following additional funding for the programme: $340,000 from the Fund for HIV/AIDS, Myanmar, for HIV prevention activities; $47,000 from the Population Council for research activities on adolescent reproductive health: $900,000 in reproductive health commodities from the reproductive health commodity security grant; and $160,000 from the Government of Japan for reproductive health commodities.

VI. THE WAY FORWARD

20. The country office will continue to raise the profile of the reproductive health needs of Myanmar and to mobilize additional resources. The programme intends to expand reproductive health services to an additional seven townships, reaching 100 townships by the end of 2005. However, more funding is required to meet the demand for contraceptives. Various international NGOs and private-sector general practitioners have requested UNFPA, as the principal provider of contraceptives to Myanmar, to provide additional supplies of reproductive health commodities.

21. The current programme has no provisions to support activities that raise awareness of gender issues and mainstream gender concerns. In 2004, the UNFPA country office, in collaboration with the UNFPA Country Technical Services Team in Bangkok, Thailand, drafted a gender monograph to pave the way for appropriate needs-based interventions in gender. The country office will organize follow-up activities to address specific gender-related interventions.

22. Monitoring continues to be a priority for the country office in order to improve the analysis and reporting of data for planning and decision-making.

VII. RECOMMENDATION

23. **The Executive Board may wish to take note of the present report (DP/FPA/2005/11).**